



VENDOR COMPLAINT FORM

Instructions: If you have a complaint against a WIC participant, complete this form (except for the section below the double lines at the bottom of the page) and mail or fax it to the State WIC Office. **If more room is needed, use the back of this form or attach a separate page.**

Participant name _____ Family ID number _____

Customer's name _____ Date and time of incident _____

☐ Abused staff by _____

☐ Bought/tried to buy unauthorized items: _____

☐ Redeemed/tried to redeem an invalid check. Explain: _____

☐ Returned/tried to return WIC foods: _____

☐ Other: _____

What action did your staff take? _____

Witnesses: _____

Store name: _____ WIC Vendor ID number: _____

Person making this report: _____ Title _____

For local agency use only:

Instructions: Explain any action taken and note the same in WOW.

Action taken: _____

Local Agency Staff signature: _____ Title: _____

Fax to State WIC Office: 410-333-5683